

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

28102

1. PLACE OF DEATH

County.....

Registration District No. **791**

Township.....

Primary Registration District No. **33**

City **St. Louis Mo** (No. **City Hospital #2**)

File No.

Registered No. **7187**

St. Ward

2. FULL NAME

(a) Residence, No. **1023 E 108th St.** St. **25** Ward. (If nonresident, give city or town and State)

Length of residence in city or town where death occurred **6** yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX **Male** 4. COLOR OR RACE **col** 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) **Married**

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF **Widower**

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **July 14, 1884**

7. AGE YEARS **48** MONTHS **1** DAYS **1** If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. **unknown**

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. **Juncker**

10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Unknown**

13. NAME

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

15. MAIDEN NAME

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

17. INFORMANT (ADDRESS) **Barney Bryant 13401 Ellsford Ave**

18. BURIAL, CREMATION, OR REMOVAL PLACE **Father's Disposal Co** DATE **8-25** 1933

19. UNDERTAKER (ADDRESS) **Edith Funeral Home 2820 St. Louis St.**

20. FILED **21** 1933 **J. B. Bredbeck** Registrar

MEDICAL CERTIFICATE OF DEATH

No physician in attendance

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **8-15** 19 **33**

22. I HEREBY CERTIFY, That I attended deceased from **131** 19 **33**, to **131** 19 **33**

I last saw him **alive on** **8-15** 19 **33** Death is said

to have occurred on the date stated above, at **2:10 P.M.**

The principal cause of death and related causes of importance were as follows:

Coronary Thrombosis Date of onset

Chronic Myocarditis

Contrib: - Chronic Parenchymatous nephritis

Other contributory causes of importance:

930

Name of operation

Date of

What test confirmed diagnosis? Was there an autopsy? **Yes**

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? Date of injury

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) **J. B. Bredbeck**

(Address) **816 33**

